

**NON-REFUNDABLE  
FEE  
\$25.00**



**MISSISSIPPI BOARD OF NURSING  
713 Pear Orchard Road, Suite 300  
Ridgeland, MS 39157  
(601) 957-6300**

**AFFIDAVIT FOR NAME CHANGE**

Enter name below as associated with your nursing license.

**NAME:**

First

Middle

Maiden

Last

Enter requested name change below to be associated with your nursing license.

**NAME:**

First

Middle

Maiden

Last

Enter data below as indicated.

SOCIAL SECURITY #:

LICENSE #:

**ADDRESS:**

PO BOX/STREET

CITY

STATE ZIP CODE COUNTY

**My primary state of residence is:**

**NAME CHANGE:**

**If requesting a name change, you must submit a copy of your marriage license, divorce decree or other legal document indicating the name change.**

**NOTE: THIS FORM MUST BE NOTARIZED AND RETURNED TO THE BOARD OFFICE WITH A \$25.00 FEE (CHECK OR MONEY ORDER) PAYABLE TO THE MISSISSIPPI BOARD OF NURSING.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, after having been first duly sworn, state on oath that the matter and facts set forth therein are true, and further state that I am heretofore licensed as a nurse by the Mississippi Board of Nursing.

SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
Month Year

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

(SEAL)